ELDERLY CARE CREDIT

MCA 15-30-128

| Name as shown on Form 2 | | v Numk | nor. | |
|---|------------------------------|------------------------|------|--|
| Name as shown on Form 2 | | Social Security Number | | |
| Name of elderly family member | Social Security | y Numb | oer | |
| Address of elderly family member City | State | Zip | +4 | |
| PART I Eligibility If the answer to any of the questions below is no , you are not eligible for the credit. Do not complete this form. | | YES | NO | |
| Is the elderly person related to you by blood or by marriage? | | | | |
| Is the elderly person at least 65 years old or has been determine Social Security purposes? | ed disabled for | | | |
| Does the elderly person have gross income of \$15,000 or less? married individuals, is their combined gross income \$30,000 or less | | | | |
| Is your Montana adjusted gross income from line 36 of Form 2 le if you are filing joint or single? If you are filing married filing sepa Montana adjusted gross income less than \$27,500? | | | | |
| PART II - Computation of Allowable Credit | | | | |
| Enter amount of qualified elderly care expenses paid during th (see instructions on back of this form) Enter your Montana adjusted gross income from Form 2. | ne tax year. | 1 | | |
| 3. Enter the multiplier figure for your current filing status from tab reverse side. | ole on | 3 | | |
| 4. Multiply line 1 times line 3. Enter result. | | 4 | | |
| Reduction based on your income. Enter \$50,000 if single or n joint. Enter \$25,000 if married filing separate. | narried filing 5 | | | |
| 6. Subtract line 5 from line 2. Enter result. If line 2 is less than li enter zero. | ne 5, | 6 | | |
| 7. Subtract line 6 from line 4. Enter result. (If zero or less, you are | not eligible for the credit) | 7 | | |
| 8. If single or filing joint, enter the smaller of \$5,000 or the amount on line 7. If you are married and are filing separate, enter the \$2,500 or the amount on line 7. This is your allowable credit. figure on Schedule II of Form 2A. | smaller of | 8 | | |
| Individuals who are married filing separate must file a separate so No carryback or carryforward of the credit is allowed. | chedule for each spouse. | | | |

Check box if another family member is also claiming the credit. (Please provide names on an attached sheet)

Instructions for Elderly Expense Care Credit

You may be eligible to receive a credit for paying certain expenses of an elderly family member who is at least 65 years of age or a family member who has been determined disabled for Social Security purposes.

Please read the instructions and complete the form to see if you qualify for the credit.

PART I - ELIGIBILITY

Answer all questions. If the answer to any question is no, you are not eligible for the credit.

Note: Gross income includes all taxable and nontaxable income for the individual, and if married, the gross income of the spouse.

PART II - COMPUTATION

Line 1 - Qualified elderly care expenses include the following not compensated for by insurance.

- Homemaker services, adult day care and respite care services.
- Health care equipment and supplies provided to qualifying family member.
- Care in a long-term health care facility that is licensed by the Montana Department of Public Health and Human Services.
- Premiums paid for long-term care insurance coverage for a qualifying family member.

Lines 2-8 - complete per instructions.

| Adjusted Gross Income (AGI) Multiplier Table | | | | | | |
|--|-----------|---------------------------------------|------------------|--|--|--|
| If your AGI on line 2 | | Your Multiplier for line 3 depends on | | | | |
| is | But not | your filing status | | | | |
| at least | more than | Joint & Single | Married-Separate | | | |
| \$0 | \$25,000 | .30 | .15 | | | |
| 25,001 | 27,000 | .29 | .145 | | | |
| 27,001 | 29,000 | .28 | .14 | | | |
| 29,001 | 31,000 | .27 | .135 | | | |
| 31,001 | 33,000 | .26 | .13 | | | |
| 33,001 | 35,000 | .25 | .125 | | | |
| 35,001 | 37,000 | .24 | .12 | | | |
| 37,001 | 39,000 | .23 | .115 | | | |
| 39,001 | 41,000 | .22 | .11 | | | |
| 41,001 | 43,000 | .21 | .105 | | | |
| 43,001 | 55,000 | .20 | .10 | | | |

If you are filing joint or single and your Montana AGI is \$55,000 or more, you are not eligible for the credit. If you are married filing separate and your Montana AGI is \$27,500 or more, you are not eligible for the credit.

Multiple Family Contributors

The credit is limited to \$5,000 for a single qualifying family member and \$5,000 for a joint return and \$2,500 per person filing a married separate return.

The combined total credit of two or more family members cannot exceed \$10,000 per taxable year.

If your combined total exceeds \$10,000, the credit must be prorated among the contributing family members. Call the Income Tax Division for further information.

